



Last Updated: 03/09/2022

New Questionnaires Available to Facilitate Waiver Services Requests for Prior Authorization

The purpose of this memorandum is to notify providers of new questionnaires that are available to facilitate requests for certain Waiver services for Prior Authorization (PA) from Medicaid's PA contractor, Keystone Peer Review Organization (KePRO).

Questionnaires have been developed for the following Waiver services:

- Agency and Consumer-Directed Personal Care (T1019 and S5126),
- Agency and Consumer-Directed Respite Care (T1005 and S5150),
- Personal Emergency Response System (PERS) Installation and Monitoring, (S5160 and S5161),
- Adult Day Health Care Services (S5102), and
- Elderly Case Management (T1016 under the Elderly Case Management Program only).

These questionnaires have been designed to include the basic information that KePRO needs to process requests for these services. While not mandatory, it is expected that use of the questionnaires by providers will decrease the number of requests pended for additional information and provide a quicker turn around time.

An interactive WebEx training that provides clarification to the Waiver Questionnaire process will be held **May 3, 2007 from 3 p.m. - 4 p.m.** Providers may access this web-cast by logging on to www.genesys.com and clicking on **participant** in the upper right corner. **The Moderator's Meeting Number is 9240330.** You may also access this web-cast **via telephone by dialing 1-866-462-0164. The meeting number is 9240330.**

Services associated with initial enrollment to the EDCD or HIV/AIDS Waiver must be submitted via fax with the Pre-Admission Screening Team information. DMAS and KePRO are working to develop an enrollment questionnaire that will be available in



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the near future. The questionnaires mentioned above may be used for transfers or admissions when the recipient is already enrolled in the

Waiver or has been discharged from a Nursing Facility within six months of the provider's admission and when adding another service for an existing Waiver-enrolled recipient.

The greatest benefit of the questionnaires is that they allow for easy submission via iEXCHANGE, KePRO's web-based Prior Authorization request system. Simply request one or more of the above services via iEXCHANGE, and iEXCHANGE will indicate that a questionnaire is available. Fully complete the questionnaire and submit it. If additional space is needed, please use the "Additional Comments" space on the main request page. After submitting the questionnaire, be sure to click submit again on the main request page. That will submit the entire authorization request for this recipient.

Questionnaires are also available for submission via fax. Please visit <https://dmas.kepro.org> to obtain a copy of these forms with the instructions. While formatted differently, the information is the same as the iEXCHANGE version of the questionnaires. All providers may benefit from downloading the fax versions and instructions prior to submitting via fax or iEXCHANGE.


We appreciate the provider input and suggestions we received during the development process, and would like additional feedback from providers. DMAS and KePRO will be reviewing the questionnaires for possible improvements and would appreciate your comments and suggestions to assist us in this evaluation. Please submit your comments to providerissues@kepro.org or PAUR06@dmas.virginia.gov by May 31, 2007.

Helpful PA and Questionnaire Submission Tips for Quickest Processing

Following are additional tips to expedite the processing of your request.



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-  All PA requests submitted by fax, including those with questionnaires, must be submitted with the DMAS 98 (Community Based Care Request for Services Form) pages 1 and 2 fully completed. This form and instructions for use are located under “forms” on KePRO’s website <https://dmas.kepro.org>. To prevent illegible receipt of requests, providers are encouraged to use the editable versions of the DMAS 98 for submission of your waiver request.
- When submitting requests for personal care for hours above the LOC cap as a new service or an increase, be sure to fully justify the recipient’s need. The “Additional Comments” section in iEXCHANGE or the DMAS 98 may be used for this purpose.
- Requests submitted by iEXCHANGE should include the contact person’s name and phone number in the “Additional Comments” section. This allows KePRO to call if there is a simple question regarding the request.
- Complete each questionnaire only once. For example, if requesting both PERS Installation (S5160) and PERS Monitoring (S5161), complete only the questionnaire that is listed first. The questionnaire is the same for both of these services, do not complete it twice. Most providers will need to submit separate requests for agency and consumer-directed services, if they provide both types. There are a few exceptions to this related to NPI implementation. If you continue to have more than one provider number (API’s), you cannot request these services in the same case.
- When submitting a request for different services, check the provider number for each service. KePRO must receive the correct provider identification number to match the specific service

being requested. The provider number is unique to the service being provided. If you have services that have the same provider identification number (example: if provider is requesting Consumer Directed Personal Care, and Consumer Directed Respite Care) these requests may be submitted together in the same request either by fax or by iEXCHANGE.



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- As stated above, if you continue to have more than one provider number (API's), and are submitting a request for Agency Directed Personal Care, Agency Directed Respite Care, and PERS, there should be three separate requests, either by fax or by iEXCHANGE, because there are three different provider numbers, one unique to each of these services. This applies to requests regardless of questionnaire use.
- Please note clearly on the DMAS 98 (Community Based Care Request for Services Form) or any document faxed when you are submitting "Additional Information". This will help get information to the right person and reduce the delays. When possible, include the KePRO Case ID associated with the initial request.

Resource Information

- Detailed instructions specific to submitting Waiver requests are found within the DMAS 98 (Community Based Care Request for Services Form). This form is located under "forms" on KePRO's website <http://dmas.kepro.org> or at www.dmas.virginia.gov/pr-prior_authorization.htm.
- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 if you are located out-of- state or 804-786-6273 if you are located in Richmond.



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KePRO Contact Information

You may contact KePRO through the following methods:

iEXCHANGE:

<http://dmas.kepro.org/>

Toll Free Phone: 1-888-VAPAUTH (1-888-827- 2884)

Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX
(1-877-652-9329)

Mail: 2810 N. Parham Road,
Suite 305, Richmond, VA 23294

Provider Issues:

ProviderIssues@kepro.org

DMAS and KePRO

Website Resources *The following resources are available on the DMAS and KePRO websites:*

1. iEXCHANGE
- Registration information
2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes
3. Recent PA provider training presentations
4. Prior Medicaid Memos
5. PA Fax Request Forms and Instructions
6. PA Reference Guides
7. KePRO "Insider" Provider newsletter

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. To enroll for access to this system, go to <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1- 800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

❌COPIES OF MANUALS

❌DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various



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communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.